

Date: _____

MEMORANDUM

To: _____
(Employee's Appointing Authority)

From: _____
(Name of Employee, Position Title, Division/Department)

Subject: **Reduced Hours of Work**

Buenas! This is to request your approval to invoke the provisions of Section 15 () 16 (), of Chapter IV of Public Law 25-72 to reduce my work hours from 40 hours a week to:

(Pick one option)

TGI THURSDAY PROGRAM

1. () Thirty-two (32) hours a week with the understanding that I shall be entitled to all employment benefits of a 40-hour week employee. I also understand that opting to reduce my work hours shall not affect my accrual of years of service for retirement purposes. In opting to invoke this TGI Thursday Program, I have elected one of the following:
 - () one day a week _____ (please indicate the day)
 - () spread out my reduced 8 hours during the work week (please indicate the hours)

QUALITY TIME

2. () Twenty (20) hours a week with the understanding that I shall be compensated at fifty percent (50%) of my full-time salary and that I shall be entitled to all employment benefits of a 40-hour week employee. I also understand that with this reduced hours of work my government service computation will be in accordance with §8114 of Article 1, Chapter 8 of Title 4 of the Guam Code Annotated.
3. () Thirty (30) hours a week with the understanding that I shall be compensated a seventy-five percent (75%) of my full-time salary and that I shall be entitled to all employment benefits of a 40-hour week employee. I also understand that with this reduced hours of work my government service computation will be in accordance with §8114 of Article 1, Chapter 8 of Title 4 of the Guam Code Annotated.

I intend to exercise the above choice of work hours effective the pay period beginning _____ for a period of: () Three months () Six months () One year

I understand that I may request for management's approval if I need to terminate my above request before the expiration date.

I am submitting this request to reduce my work hours voluntarily, without coercion, intimidation or pressure from anyone. Si Yu'os Ma'ase for your consideration.

Signature of Employee

Date

Reduced Hours of Work
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☐ Approved ☐ Disapproved (must provide reason)

Signature of Employee's Appointing Authority

Date: _____

cc: Director, Department of Administration
 Personnel Services Administrator, DOA Human Resources Division